IN THE CLAIMS

Please cancel claims 1-31 and 37-39, and 42 and amend claims 32-34, 40, and 44 as indicated below. The status of all claims in the application is indicated in the following claim listing:

1-31 Cancelled

32. (Currently amended) A method of ~~diagnosing~~ identifying an increased risk of subclinical atherosclerosis in a human subject, comprising:

~~determining the presence or amount of~~ performing an assay that detects monocyte chemoattractant protein-1 ~~or a marker related thereto~~ in a blood sample from said subject to provide a monocyte chemoattractant protein-1 assay result; and

correlating the ~~presence or amount of~~ monocyte chemoattractant protein-1 assay result to the risk of the presence or absence of subclinical atherosclerosis in the subject.

33. (Currently amended) A method according to claim 32, wherein the ~~correlating~~ assay step comprises determining the concentration of monocyte chemoattractant protein-1 ~~or a marker related thereto~~ in said sample, and the correlating step comprises comparing said concentration to a threshold concentration, wherein a concentration of monocyte chemoattractant protein-1 ~~or a marker related thereto~~ less than said threshold concentration is indicative of a first risk of subclinical atherosclerosis and a concentration of monocyte chemoattractant protein-1 ~~or a marker related thereto~~ greater than said threshold concentration is indicative of a second risk of subclinical atherosclerosis.

34. (Currently amended) A method according to claim 32, wherein said correlating step further comprises determining the presence or amount of one or more risk factors selected from the group consisting of the sex, age, a diagnosis of diabetes, a diagnosis of hypertension, past tobacco use, a cholesterol concentration, and a family history of atherosclerosis, for said subject, wherein the presence or absence of one or more of said risk factors and the ~~presence or amount of~~ monocyte chemoattractant protein-1 assay

result ~~or a marker related thereto~~ are correlated to the risk of the presence or absence of subclinical atherosclerosis in the subject.

35. (Original) A method according to claim 33, wherein said threshold concentration provides an odds ratio of about 1.3 or greater or about 0.77 or less.

36. (Original) A method according to claim 33, wherein said threshold concentration is selected to provide an odds ratio of about 2 or greater or about 0.5 or less.

37-39 Cancelled

40. (Currently amended) A method according to claim 32, further comprising performing an assay that detects ~~determining the presence or amount of~~ one or more other subject-derived markers in said sample to provide one or more additional assay results, and said correlating step comprises correlating the ~~presence or amount of~~ monocyte chemoattractant protein-1 ~~or a marker related thereto~~ assay result and said one or more ~~other subject-derived markers~~ additional assay results to the risk of the presence or absence of subclinical atherosclerosis in the subject.

41. (Original) A method according to claim 40, wherein said one or more other subject-derived markers are independently selected from the group consisting of specific markers of myocardial injury, specific markers of neural tissue injury, markers related to blood pressure regulation, markers related to coagulation and hemostasis, markers related to inflammation, and markers related to apoptosis.

42. Cancelled

43. (Original) A method according to claim 32, wherein the blood sample is ~~selected from the group consisting of blood,~~ processed to provide serum~~, and~~ or plasma prior to performing said assay that detects monocyte chemoattractant protein-1.

44. (Currently amended) A method according to claim 32, wherein the assay ~~method~~ is an immunoassay method.